PTO/SB/31 (08-03)

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FICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTEFERENCES

55293-00007

| THE BOARD OF PATENT APPEALS AND INTERENT | -11023 | 33233-00007 | a comme |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents. P.O. Box | In re Application of Moon Jong NOH et al. | | |
| 1450, Alexandria, VA 22313-1450" on <u>July 30, 2004.</u> | Application Number 09/707,900 | | Filed 11/08/2000 |
| Signature See | For GENE THERAPY USING TGF-BETA | | |
| Typed or printed Harry Sung Lee | Art Unit | 1632 · | Examiner Michael C. Wilson |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00 | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | |
| A check in the amount of the fee is enclosed. | | | |
| X Payment by credit card. Form PTO-2038 is attached. | | | |
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| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No I have enclosed a duplicate copy of this sheet. | | | |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
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| I am the | | | |
| applicant/inventor. | | regle Hy | Signature Signature |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | Jose Typed | ph Hyosuk Kim or printed name |
| attorney or agent of record. Registration number 41,425 | 818-249-8177 Telephone number | | |
| attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). | | Ju | ly 30, 2004 Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| *Total of forms are submitted | | | |

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